Heytsad December 1974

I carrily (or declare) under penalty of perjury that the foregoing is true and correct.

CALIFORNIA LIQUID WASTE HAULER RECORD

015-001057

STATE DEPARTMENT OF HEALTH			
PRODUCER OF WASTE (MU	st be filled by producer)		HAULER OF WASTE (Must be filled by hauler)
Name (Printer on VVE 0.8) (Cick on) Address (Nime)	151 ALCOA	COOR NO.	ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392
Felephane Number; ()	PO or Contract N	10.	Pick UpTimeOp
Order Observative			Pick Up
type of Process which Produced Wastes.			Job No.: No. of Loads or Trips: Unit No
(Examples: metal plating, equipment cleaning, oil drilling CODE No. wastewater treatment, pickling bath, petroleum refining)			Vehicle: Dyacuum truck
DESCRIPTION OF WASTE (Must be filled by producer)			The described waste was hauled by me to the disposal facility named below and was accepted.
Check type of wastes: 1 1 Acid solution			t certify (or declare) under penalty of perjury that the foregoing is true and correct.
2. 1. Alkaline solution	7. [.] Chemical toilet wastes	12. Cannery waste	SIGNATURE OF AUTHORIZED ACTIVE AND TITLE
3 Pesticides	8. [] Tank bottom sediment	13. 🛘 Latex waste	DISPOSER OF WASTE (Must be filled by disposer)
4. Paint studge	9. [] Oii	14. LI Mud and water	Name (print or type): DOPCA Lat
5 ill Solvent	10 [] Drilling mud	15. 🖾 Brine	Name (print or type): OPECAL ; af CODE NO.
LL Other (Specify)			The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and
(Example to the contraction:			local restrictions.
pherotics, solvents (list), metals (list), Upper Lower % ppm organics (list), cyanide)			Quantity measured at site (if applicable):State fee (if any):
			Handling Method(s):
			☐ recovery
			treatment (specify):
			Daisposal (specify): pond spreading Plandfill injection well
·			Other (specify):
			If waste is held for disposal elsewhere specify final location:
ii			Disposal Date:
Hazardous Properties of Wast			I certify (or declare) under penalty of perjury
pii / linon	e 🛘 toxic 🗍 flammable	☐ corrosive ☐ explosive	that the foregoing is true and correct.
Bulk Volume		barrels (42 gal.) Other (SPECIFY)	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Contamers' (number)	Cartons C	bags Other	
chysical State	🗆 solid 🕒 liquid 🗀		, 7,
KO01148 F11			
			WOOTT40
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if			

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